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Ashlea Gardens
PRETORIA
SOUTH AFRICA
0181

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Website: www.pfa.org.za

How must we communicate with you? Email ☐ / Post ☐

SPECIAL COMPLAINT FORM - PRIVATE SECURITY SECTOR PROVIDENT FUND

(form for Arrear Contributions and/or Withdrawal Benefit and/or Benefit Statements)

In terms of Section 30A of the Act, before lodging a complaint with our Office, you may first lodge the complaint in writing with PSSPF/Salt Employee Benefits to allow it an opportunity to resolve the complaint directly with you.

NB. This Special Complaint Form is to be used for complaints related to payment of contributions to PSSPF, for withdrawal benefits and/or for benefit statements from PSSPF. For all other types of complaints against PSSPF, please use the standard complaint form.

COMPLAINANT'S DETAILS

Surname:	
Full Names:	
Identity/Passport Number:	
Postal Address:	
Residential Address:	
(if not same as postal address)	
Contact Details:	Phone Number:
	Alternative Number:
	Email Address:

Please notify us immediately when there is a change of personal contact details on your side.

How did you become aware of our office? (please mark with an "X")

From a fund	TV /radio/print media	Word of mouth	Social media	Internet	Other:	
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FUND/ ADMINISTRATOR DETAILS	
Name of the Fund:	Private Security Sector Provident Fund (PSSPF)
Contact Number:	011 462 5025
Email Address:	psspf.pfa@salteb.co.za
Name of the Administrator:	SALT Employee Benefits
Contact Number:	011 484 0749
Email Address:	administrator@psspfund.co.za

EMPLOYER'S DETAILS	
Name of Employer:	
Address of Employer:	
	Code:
Contact Details of Employer:	Tel:
	Fax:
	Email:
	Contact person:
Date of Joining Employer:	/ / (dd/mm/yyyy)
Date of Leaving Employer:	/ / (dd/mm/yyyy)
	If you are still employed by the Employer, please tick here:

PREVIOUS EMPLOYER'S DETAILS	
Name of Previous Employer in the Private Security Sector:	
Date Last Employed by Previous Employer in the Private Security Sector:	

SUPPORTING DOCUMENTS: ATTACHED	
General documents required:	ID of complainant and/or member belonging to the fund
	Earliest available payslip reflecting provident fund deductions as proof of when deductions commenced

SUPPORTING DOCUMENTS: ATTACHED

	Correspondence to and from the fund / administrator / employer	
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DETAILS OF COMPLAINT

(Must complete all sections - please attach a letter if not enough space)

A. On what date did you first become aware of the issue(s) that you have described in your complaint?

____ / ____ / ____
 (dd/mm/yyyy)

B. If 3 years have passed since you first became aware of the issues, provide the reason(s) why you did not lodge your complaint sooner:

C. Would you like the Adjudicator to investigate and make orders regarding:

(tick the relevant box)

	YES	NO
• Whether you should have been registered (timeously or at all) with the PSSPF?		
• Whether there are any outstanding (arrear) contributions that the employer is required to pay to the PSSPF on your behalf?		
• Whether you are entitled to receive a benefit from the PSSPF?		
• Whether you are entitled to receive a benefit statement from the PSSPF?		

What is your job title:

Are/Were you a Supervisor or Manager?

YES		NO	
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If Yes, when did you assume the role of Supervisor or Manager?

____ / ____ / ____
 (dd/mm/yyyy)

The date on which the employer commenced deducting provident fund contributions from your salary.

____ / ____ / ____
 (dd/mm/yyyy)

D. Any additional information you would like to bring to the attention of the Adjudicator

In addition to the above, kindly TICK the relevant box:

1. Did you address the Private Security Sector Provident Fund or Salt Employee Benefits in writing for a resolution of your complaint before lodging it with the Adjudicator?

Yes ☐ No ☐

- If “Yes”, you **must** provide proof of such correspondence held.
- If “No”, your complaint will first be referred to the retirement fund or administrator for a possible resolution of your complaint within 30 days. If not resolved after 30 days, it will be further investigated by the Adjudicator.

2. Have you instituted legal (court) proceedings in this matter?

Yes ☐ No ☐

a. If “Yes”, in which Court (name): _____ Case no. _____

3. Has this complaint been sent to any other Ombud?

Yes ☐ No ☐

a. If “Yes”, which Ombud (name): _____ Ref: _____

By lodging this complaint form with the Adjudicator, you confirm that you agree to or that you are aware of the following:

- ❖ You wish the Adjudicator to investigate your complaint;
- ❖ The Adjudicator is assisted, in fulfilling her functions, by staff employed by the Office of the Pension Funds Adjudicator (OPFA);
- ❖ Information submitted by you to the Adjudicator will be processed for the purpose of investigating and adjudicating your complaint;
- ❖ The Adjudicator will at all times seek to protect your personal information as far as may be reasonably practicable;
- ❖ The Adjudicator is required, by law, to keep a permanent record of the proceedings relating to the adjudication of a complaint and the evidence given. Any member of the public may obtain a readable copy of the record on payment of a fee determined by the Adjudicator. This means that personal information submitted to the Adjudicator by any party to a complaint may be obtained by any member of the public;
- ❖ You give consent to the Adjudicator forwarding any information submitted by you to an ombudsman with jurisdiction, if the complaint does not fall within the Adjudicator’s jurisdiction;
- ❖ Where your complaint does fall under the Adjudicator’s jurisdiction, any personal information submitted by you will be shared with any of the relevant parties to the complaint to afford them an opportunity to respond to the complaint – this may include details of minor children (if applicable), i.e. birth certificates of minors or any similar document, where they are beneficiaries with regards to death benefit claims;
- ❖ You may object to the sharing of your personal information with other parties. Should this be the case, then the Adjudicator will not investigate your complaint and your file will be closed.
- ❖ Please note that once a determination is issued, the OPFA may publish the details of such determination in a law report, website or media publication. By signing and lodging this form with the Adjudicator you give the OPFA consent to such publication.
- ❖ You confirm and declare that the information in this Complaint Form is complete, accurate and not misleading. Any changes to the information submitted, including your contact information, will be submitted to the Adjudicator without delay.

DATE

SIGNATURE